FIRE FLOW REQUEST FORM

City of Lincoln Department of Public Services

600 Sixth Street Lincoln, California 95648 Office (916) 434-2450 Fax (916) 543-8516

Fee for each Fire Flow Request is \$346



PROJECT:			DATE OF THIS REPORT:	
et Addre	ess of Fire Flo	ow Request:		
cel Map	with at least t	wo cross streets, street add	ress, and pad number	(if applicable) must
attached	to process th	nis request.		
e of Prei	mises to be se	erved (circle appropriately):		
gle Famil	y Residence	Multi-Family Residence	Commercial	Other
uestor's	Name:			
Phone:				
Fax:		E	mail:	
ner's Na	me:			
Phone:				
division	or Project Na	me:		
pose of	Fire Flow Req	uest:		
Fire Flo	ow values as p	rovided by the City will be bas	ed on the following:	
1.	Normal operating conditions at the time of the request			
2.	Existing supply conditions at the time of request/startup of the facilities			
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	et Addre cel Map attached e of Prei gle Famil uestor's Phone: Fax: Phone: division cose of l Fire Flo 1. 2.	et Address of Fire Flocel Map with at least to attached to process the of Premises to be segle Family Residence uestor's Name: Phone: Phone: Phone: Oose of Fire Flow Require Flow values as processed in the process of the proces	cel Map with at least two cross streets, street add attached to process this request. e of Premises to be served (circle appropriately): gle Family Residence Multi-Family Residence uestor's Name: Phone: Fax: Phone: Phone: Phone: Sose of Fire Flow Request: Fire Flow values as provided by the City will be bas Normal operating conditions at the time of the control of the co	et Address of Fire Flow Request: